



AGREEMENT SUMMARY

1. Other Contracting Party:

BEACON HEALTH STRATEGIES, LLC

2. Proposed Action:

[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):

Revenue Generating Contract

4. Purpose/Description:

CONTRACT FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES TO MEDICAID MEMBERS OF BEACON HEALTH STRATEGIES' PARTICIPATING HEALTH PLANS. TWO YEAR AGREEMENT WITH TWO YEAR AUTOMATIC RENEWAL.

5. Special Provisions (select if applicable):

[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ _____ or _____ %
[] CBE Program [] Cash Match Required: \$ _____ or _____ %

6.a. Effective Dates (for new agreements only):

Start : May 1, 2018
End: April 30, 2020

6.b. Effective Dates (amendments only):

[] No Change
[] End date has changed from _____ to _____.
[] Term has _____ from _____ to _____.

7. Contract Administrator:

Name: William Card
Phone: 954-357-4860

8. Contract Type:

[] Cost reimbursement [] Open-end
[] Firm fixed price [] Time and materials
[X] Performance-based [] Other _____

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Rows: Actual/Estimated, Base amount (\$1,107,200), Reimbursables, Optional Services, Total contract value (\$1,107,200).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Rows: No change/Actual/Estimated, Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method

[] Lump Sum Payment
[] Milestone or Progress-Based
[X] Scheduled or Time-Based
[] Other

11. Payment Terms

Payment for covered services per the Medicaid reimbursement schedule for properly filed claims for Medicaid members of Beacon Health Strategies participating health plans.

12. Cost Adjustment

[X] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$_____ [] Other: Availability of Funding

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

ONE TWO-YEAR AUTOMATIC RENEWAL

15. Termination and Cancellation Provisions

For Cause: EITHER PARTY WITH FIFTEEN DAYS WRITTEN NOTICE. EITHER PARTY MAY TERMINATE WITH 90 DAYS WRITTEN NOTICE FOR NON-QUALITY SERVICE OR CARE. CONTRACTOR MAY TERMINATE IMMEDIATELY UPON NOTICE IF COUNTY BECOMES INSOLVENT, COUNTY'S ACTIONS OR INACTIONS CAUSE OR WILL CAUSE IMMINENT DANGER TO ANY HEALTH PLAN MEMBER, COUNTY FAILS TO MAINTAIN REQUIRED LICENSES OR BONDS, OR COUNTY NO LONGER MEETS INSURANCE REQUIREMENTS.

For Convenience: NONE

16. Deliverables, milestones or scope of this action:

Behavioral health services provided to Medicaid eligible clients

	who are members of one of Beacon Health Strategies' participating health plans
17. List terms, considerations or deviations from standard county form.	Standard Beacon Health Strategies contract form

Rev. 1/1/15